

Mississippi Secretary of State
700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Mississippi State Department of Health		CONTACT PERSON Don Eicher	TELEPHONE NUMBER 601-576-7874
ADDRESS P.O. Box 1700		CITY Jackson	STATE MS ZIP 39215 -1700
EMAIL Don.Eicher@msdh.state.ms.us	SUBMIT DATE December 9, 2010	Name or number of rule(s): Mississippi State Department of Health – Subpart 95 – J-1 Visa Waiver Guidelines – Appalachian Regional Commission	

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Update to J-1 Visa Program Appalachian Regional Commission to require tuberculosis screening of J-1 physician applicants and other general clarification of rules of program.

Specific legal authority authorizing the promulgation of rule: 41-3-15

List all rules repealed, amended, or suspended by the proposed rule: Mississippi State Department of Health – Subpart 95 – J-1 Visa Waiver Guidelines- Appalachian Regional Commission

ORAL PROCEEDING:

- ☒ An oral proceeding is scheduled for this rule on Date: January 7, 2011 Time: 3:00p.m. Place: Mississippi State Department of Health, Cobb Auditorium, 1st Floor, Osborne Building, 570 East Woodrow Wilson, Jackson, Mississippi 39215.
- ☐ Presently, an oral proceeding is not scheduled on this rule.


If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

ECONOMIC IMPACT STATEMENT:

- ☒ Economic impact statement not required for this rule. ☐ Concise summary of economic impact statement attached.

TEMPORARY RULES	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
<input type="checkbox"/> Original filing <input type="checkbox"/> Renewal of effectiveness To be in effect in _____ days Effective date: <input type="checkbox"/> Immediately upon filing <input type="checkbox"/> Other (specify): _____	Action proposed: <input checked="" type="checkbox"/> New rule(s) <input type="checkbox"/> Amendment to existing rule(s) <input type="checkbox"/> Repeal of existing rule(s) <input type="checkbox"/> Adoption by reference Proposed final effective date: <input checked="" type="checkbox"/> 30 days after filing <input type="checkbox"/> Other (specify): _____	Date Proposed Rule Filed: _____ Action taken: <input type="checkbox"/> Adopted with no changes in text <input type="checkbox"/> Adopted with changes <input type="checkbox"/> Adopted by reference <input type="checkbox"/> Withdrawn <input type="checkbox"/> Repeal adopted as proposed Effective date: <input type="checkbox"/> 30 days after filing <input type="checkbox"/> Other (specify): _____

Printed name and Title of person authorized to file rules: Donald E. Eicher, III, Director, Office of Health Policy and Planning

Signature of person authorized to file rules: 

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
		
Accepted for filing by _____	Accepted for filing by <u>CB 17479</u>	Accepted for filing by _____

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.